

Application for Certification as Euthanasia Technician
for Animals

☐ **Check if Renewal** **Reg. No.** _____

APPLICANT:

Name: _____
(Last) (First) (Middle Initial)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone No. _____ Date Of Birth [__][__]-[__][__]-[__][__]

MINIMUM QUALIFICATIONS:

Type of Degree/Major: _____ **Date Received:** [__][__]-[__][__]-[__][__]

College or University: _____

Address: _____

City: _____ State: _____ Zip: _____

Qualifying Experience: (attach separate sheet) _____

PRESENT EMPLOYER(S): (Attach separate sheet if necessary to list more employers.)

(1) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Length of Employment: _____/
(Years) (Months)

(2) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Length of Employment: _____/
(Years) (Months)

Present Employer(s) is an: () Incorporated Society () Municipal Animal Control Facility () Other: _____
(Specify)

AFFIRMATION

I affirm that all the information on this application is true and correct and that I will abide by all laws and regulations pertaining to Controlled Substances:

Signature: _____ Date: _____

Mail completed application along with resume, copy of Degree, and "Statement of Employer for Euthanasia Technician" (DOH-2165) from each employer to: Bureau of Narcotic Enforcement
433 River Street, Suite 303
Troy, NY 12180
(518) 402-0707